



Please complete this form and return it **by Friday, March 24, 2017** by email: caring-entraide@gg.ca, by fax to 1-613-991-1681, or by mail to:

Office of the Secretary to the Governor General

Sovereign's Medal for Volunteers

Rideau Hall

1 Sussex Drive, Ottawa, Ontario K1A 0A1

Telephone: 1-800-465-6890 Web: www.gg.ca

Postage paid if mailed in Canada. No stamp is required.

(CONFIDENTIAL WHEN COMPLETED)

QUESTIONNAIRE					
(PLEASE COMPLETE THE ENTIRE FORM)					
NAME (first and last): (please include lower case letters; not all caps)		Gordon Jenkins		Year of birth	1938
Street Address		35 Biscayne Cr			
City	Ottawa	Prov.	On	Postal Code	K2E 5R9
Phone	613 723 1581	Cell phone	613 794 6735	Fax	
E-mail Address		gordjenkins@gmail.com		Mr. <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>
				Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>
For the certificate, I wish my name to appear the same as above <input checked="" type="checkbox"/> or as below: (Please note that titles and postnominal letters are not included on the certificate.)					
For the citation, I wish my town to appear the same as above <input checked="" type="checkbox"/> or as (please specify): _____					
Language of correspondence: English <input checked="" type="checkbox"/> French <input type="checkbox"/>					
This award will possibly attract the attention of local and national media who may be interested in finding out more about your contributions and volunteer work and may also request an interview with you. In anticipation of these requests, we would appreciate if you would complete the following:					
May we release your:					
Telephone number		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Email address	YES <input type="checkbox"/> NO <input type="checkbox"/>
Home <input type="checkbox"/>	Business <input type="checkbox"/>	Cellular <input type="checkbox"/>	All <input type="checkbox"/>	Photos	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you do NOT wish to participate in a media interview, please check this box. <input checked="" type="checkbox"/>					
If you are a minor, please provide the name of your parent or guardian: _____ and have them sign below on your behalf.					
Signature			Date		
***Please note that by signing this questionnaire, you agree to allow the Office of the Secretary to the Governor General to share your contact information with a third party who may be organizing your presentation ceremony. Meeting #128 (March 2017)					